## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## NEW BENZOXAZINES DERIVATIVES USEFUL AS INTEGRIN RECEPTOR ANTAGONISTS

[X] is attached hereto

[X] is attached hereto

[W] was filed on N/A and was amended on N/A (if applicable).

[N] hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

[N] acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

[N] hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claimed

PCT/US / PCT []Yes []No (Number) (Country) (Day/month/year filed)

I hereby claim the benefit under Title 35, United States Code, §119(e) and §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(US Patent No.) (Filing date) (Issue Date) (Application Serial No.) (Filing date) (Status) POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: S. CHRISTOPHER BAUER, Registration No. 42,307; DENNIS A. BENNETT, Registration No. 34,547; JAMES C. FORBES, Registration No. 39,457; J. TIMOTHY KEANE, Registration No. 27,808; VERNE A. LUCKOW, Registration No. 45,950; RICHARD A. MUELLER, Registration No. 41,094; RACHEL A. POLSTER, Registration No. 47,004; JAMES M. WARNER, Registration No. 45,199; SCOTT A. WILLIAMS, Registration No. 39,876; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to Rachel A. Polster at 636-737-5761 and address all correspondence to:

Pharmacia Corporation Corporate Patent Department 800 N. Lindbergh Blvd. Mail Zone O4E St. Louis, MO 63167 ATTENTION: Rachel A. Polster

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by the or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1.)	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR 1	Vianello	Paola	
RESIDENCE	CITY	STATE	COUNTRY
©CITIZENSHIP	Milan		Italy
POST	POST OFFICE ADDRESS	CITY	STATE OR
OFFICE	Via Trebazio 6	Milan	COUNTRY
ADDRESS			Italy
SIGNATURE	901	DATE	ZIP CODE
OF INVENTOR 1	The Character		20145

Bandiera ITY Gambolò	Tiziano STATE	COUNTRY Italy
rambolò	STATE	l l
Pavia)		,
OST OFFICE ADDRESS Corso Vittorio Emanuele 4/a	CITY Gambolò (Pavia)	STATE OR COUNTRY Italy
Titian Laudier	DATE	ZIP CODE 27025
•	orso Vittorio Emanuele 4/a	orso Vittorio Emanuele Gambolò (Pavia)  A/a  DATE

3.)	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR 3	Varasi	Mario	
RESIDENCE & CITIZENSHIP	CITY Milan	STATE	COUNTRY Italy
POST OFFICE ADDRESS	POST OFFICE ADDRESS Via Moncucco 24/A	CITY Milan	STATE OR COUNTRY Italy
SIGNATURE OF INVENTOR 3	MARINARY	DATE	ZIP CODE 20142